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STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

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New Low Record for Mortality

NEVER before has the health record of the industrial populations of the United States and Canada equaled that of 1935, when the death rate among approximately 17,000,000 Industrial policyholders of the Metropolitan Life Insurance Company was at the lowest point of all time, namely, 8.4 per 1,000. The best previous figure was that for 1934, when a death rate of 8.5 per 1,000 was recorded.

The low death rate in the wage-earning population, not only for 1935 but during all six of the depression years 1930 to 1935, has been truly remarkable in view of the difficult economic conditions which prevailed during this period. Obviously, large scale unemployment is not conducive to low death rates. The fact remains, nevertheless, that the average death rate among the insured American and Canadian families since the beginning of the depression was only 8.6 per 1,000, whereas in the six years 1924 to 1929, a period marking the peak of prosperity, the average was 9.2, or nearly 7 percent higher.

It cannot be determined at this writing whether the mortality rate for the general population of the United States in 1935 was lower than that for 1934. Data from 17 States, covering fractional parts of the year, point to an improvement. Incomplete reports showed declines in nine States (Illinois, Indiana, Louisiana, Michigan, Minnesota, New Jersey, New York, Pennsylvania, and South Dakota), an area comprising 39 percent of the population of the country; and increases in only five States (Arizona, Connecticut, Kansas, Maryland, and Tennessee) which include only 7 percent of the population. In three States, Ohio, Rhode Island, and Wisconsin, there was no change. The reports of the Bureau of the Census for 86 large cities show substantially no change up to December 28th of last year. These cities comprise 29 percent of the population of continental United States. But whatever the final figures for 1935 may show, it is fairly well assured that the 1935 death rate in the total population of the United States was *not* a new minimal figure; for it is the year 1933, with a mortality rate of only 10.7 per 1,000, which ranks as the record health year in the population at large. It is assured, nevertheless, that last year's death rate for the country at large was one of the lowest ever recorded.

Lives Saved in Consequence of Lower Death Rates

The death rate has been declining for years, both among Metropolitan Industrial policyholders and in the general population of the United States; but the greater drop has been among the insured. Basing our comparison on the mortality figures for the Industrial policyholders, ages 1 to 74 years, we find that between 1911 and 1934 (the latest year for which population figures are available) the death rate dropped 41.9 percent among our policyholders, as against 28.6 percent in the general population. This difference in favor of the insured accounts for the accumulated saving in 25 years of 560,000 lives of wage-earners and their dependents over and above the saving which would have occurred among them as a result of the improvement in the death rate in the country at large.

The mortality among these 17,000,000 insured wage-earners and their families is now but little higher (11.5 percent) than that of the general population. In 1911 it was 37.1 percent in favor of the general population of the country.

The Increase in Longevity

The expectation of life at birth of the Industrial policyholders in 1935 was 59.74 years. In 1934 it was 59.45 years, as compared with 46.63 years in 1911–1912, a gain of 12.82 years during a little more than two decades. In the general population the gain has been only 7.80 years between 1911 and 1934. Thus, the increase in expectation of life for the insured is more than 1½ times that for the general population. It is noteworthy that Metropolitan Industrial policyholders have now attained a life expectation not far different from that of the general population living in urban areas. This is especially significant when it is remembered that the insured represent a group of wage-earners and their families who, in many instances, are exposed to special hazards and who sometimes lack the means of securing prompt and adequate medical care.

Mortality by Age

The improvement in mortality in the insured industrial population, during the past 24 years, has extended to every age range. It has been much greater, however, in childhood, adolescence, and in adult life up to age 45, than in the higher age groups. This has been due to large reductions in the mortality from diseases which take their principal toll in the early years of life.

New Best Records in 1935 for Seven Causes of Death

Five diseases—typhoid fever, tuberculosis, diarrheal conditions, chronic nephritis, and puerperal diseases, and two forms of accidental death (burns and drowning)—registered new low death rates among Metropolitan Industrial policyholders in 1935. Rates identical with previous lows were recorded for machinery and railroad accidents.

Typhoid Fever

The typhoid fever death rate (1.1 per 100,000) has now declined almost to unity. Typhoid fever has registered the greatest improvement in mortality of all important causes (95.2 percent since 1911). The problem of typhoid control is largely, but by no means entirely, one of rural sanitation. In fact, as was shown in the STATISTICAL BULLETIN for November 1935, the typhoid death rate as late as 1932 ran higher in communities of 2,500 to 10,000 population than in strictly rural districts.

Tuberculosis Death Rate Again at a New Low

As in a number of recent years, the establishment of a new minimal figure for tuberculosis has been the outstanding public health achievement of 1935. The death rate was 55.6 per 100,000. This marks a reduction of 6.4 percent from the previous low point of 59.4, established in 1934; it is 43.3 percent below the figure for 1925, and it is more than 75 percent lower than the rate for 1911 (224.6 per 100,000), when death rates for individual diseases were first computed for Metropolitan Industrial policyholders.

But the developments that are really the most remarkable in the history of tuberculosis as a cause of death among these millions of Industrial wage-earners and their dependents are those that occurred since 1929. During these six years, in the face of the widespread unemployment which has accompanied the most severe industrial depression of a generation, tuberculosis was perhaps the last disease which might be expected to decline. What happened, however, was that tuberculosis mortality not only continued to drop but actually declined at a faster rate. This is readily observed by comparing the facts for the 6-year period 1924 to 1929, with those for the six years beginning with 1930. Between 1924 and 1929 the tuberculosis mortality rate fell at an average of 3.5 percent per year; but between 1930 and 1935 it declined at an average of 7.7 percent per year. It is thus evident that the efficacy of the campaign against tuberculosis not only has been maintained but that it has increased.

It must not be assumed, however, that the campaign against tuberculosis has been definitely won. Tuberculosis is still a public health problem. In spite of the great gains which have been made, it ranks seventh among the causes of death in the United States and sixth among the insured industrial population; it is the chief cause of death in early adult life. It remains a challenge to those whose concern lies with the health and well-being of this country. The wide range of the tuberculosis death rate in the general population of the various States—from such low rates in 1934 as 18.5 per 100,000 in Wyoming, 21.2 in Utah, and 21.8 in Nebraska, to figures like 78.7 in Kentucky, 79.7 in Maryland and Virginia, 91.8 in Tennessee, and 94.7 in Nevada—shows how much there is still to

be done in many parts of the country.* It still remains for States and municipalities to provide whatever additional facilities may be needed to take care of a final drive against tuberculosis.

New Minimum for Diarrheal Diseases

The death rate for diarrheal complaints is not only at a new low, but the reduction from the previous minimum (10.6 per 100,000, in 1933) is substantial, namely, 23.6 percent. The chief interest in the diarrheal disease death rate attaches to the mortality in the first and second years of life, that is, to infantile diarrhea. The story that the figures tell for insured infants is an extremely gratifying one; for their death rate from diarrheal disease has declined by more than 81 percent within 10 years, as compared with a 58 percent drop in the general population of the United States.†

Chronic Nephritis Death Rate Lower than Ever Before

Since 1932 there has been a pronounced downward tendency, among Metropolitan Industrial policyholders, in the mortality rate for chronic nephritis. In 1933 there was a drop of 2.3 percent from the 1932 figure, and this was followed by decreases of 3.3 percent in 1934 and 7.7 percent in 1935. The reason for this very decided drop among insured wage-earners is not altogether clear. It is true that the nephritis death rate in the general population has also been tending slightly downward in recent years, but the drop, unlike that among the insured, has not been continuous and has amounted to only a small fraction of the decline registered among insured wage-earners in a brief 4-year period.

Another New Minimum for Deaths Incidental to Maternity

Deaths from puerperal diseases again declined in 1935 as they have, almost continuously, over a long period of years. Another new minimal mortality rate has been registered. Many factors have operated to bring about the decrease in mortality from these diseases. Women in the industrial population are receiving more and better medical supervision and nursing care before, during, and after confinement. Furthermore, delivery service, both in hospitals and in homes, is undergoing constant improvement.

The decline in the puerperal death rate, up to 1933, was partly due, of course, to the declining birth rate, whereby increasingly fewer women were exposed to the hazards of pregnancy and childbirth. But in 1934 the puerperal death rate dropped *despite* a rise in the birth rate; and it may develop that the same thing happened in 1935. At any rate, in recent years the drop in the crude maternal mortality rate has been much greater than the drop in the birth rate, which means that a real decline is taking place in the United States.

*There are States with still higher tuberculosis death rates, but they are due largely to deaths of tubercular persons who have gone to these "Resort States" in the hope of arresting the disease.

†In a constant area, the Registration States of 1920.

Accidental Burns and Drowning Accidents

The two remaining causes of death, which reached new minimal mortality figures in 1935, were accidental burns and accidental drownings; and deaths from machinery accidents and railroad accidents occurred at a rate identical with low points previously established.

Other Causes with Lower Rates than in 1934

In addition to the diseases which recorded new all-time minimal rates last year, there were many which registered declines from their figures for 1934. The most important of these are cancer, diabetes, cerebral hemorrhage, heart disease, appendicitis, suicides, and automobile fatalities.

Cancer

There have been indications for several years past of a coming check in the rising death rate from cancer. In the first place, the mortality rates from cancers of most sites which are visbile to direct observation, and where the diagnosis accordingly is certain, have been declining for years; and it is also true that when cancer death rates are adjusted to eliminate the changes of the aging of the population, there results a much less decided rise than the crude cancer death rates appear to show.

Up to 1935, however, the crude cancer death rate rose continuously over a long period of years; and it is thus gratifying that even a small drop is in evidence for that year. One reason may be that, with improved economic conditions among the industrial population, there was in 1935 less hesitancy to call for medical and surgical aid because patients and their families had more means to pay for it than they had during the four or five years immediately preceding.

It is certain that some of the increase in the cancer death rate reflects continuously improving diagnosis of cancer rather than increased incidence of these malignant growths. Indeed, there is a strong and informed impression that the larger part of the indicated increase in the cancer death rate is spurious and that it may be attributed to improvements in diagnostic technique and to the more widespread use of early surgery and other recognized methods of treatment.

The fact remains, however, that cancer ranks second in importance among all the causes of death and that there must be no let-up in the organized campaign ultimately to bring the disease under control.

Diabetes

For the first time since 1924 the death rate from diabetes showed a slight decline last year. The changes in the death rate from this disease in recent years, however, have been rather small, especially after adjustment for variations in the age distribution of the policyholders. It should be noted, also, that the death

rates fell in the earlier periods of life and rose only at the older ages. Now, even the increase at the older ages has begun to moderate. This is but one of many signs that the disease is gradually being brought under control. Other evidences of improvement in the diabetes situation are found in a survey by the Company during the past year, which shows that the death rate from diabetic coma is diminishing at a satisfactory rate, although it is still higher than it should be. It was also found that insulin is being used on a wider scale and more intelligently. As a result, a growing majority of the deaths of diabetics today are due not to their diabetes but to causes which are common at the older age groups in which most of these diabetic deaths occur. Chief among these causes are chronic heart disease, coronary disease (to which diabetics seem especially prone), chronic nephritis, and cerebral hemorrhage. Diabetic gangrene continues to take a large toll among diabetics. This situation calls for correction because many cases of gangrene are preventable.

Diabetes continued to receive last year increasing attention as an important problem in public health. Physicians in several of the large cities of the United States combined to form local associations to combat the disease. By a concerted program of education and of coordination of clinical facilities for diabetics, they are attempting to secure earlier and better treatment for the diabetic patient.

Cerebral Hemorrhage, Apoplexy

A high mortality rate is shown year after year for cerebral hemorrhage. It ranks fourth, in fact, in importance in the list of individual causes of death in the table on page 7. It is, nevertheless, a symptom or a mode of dying rather than a distinct disease entity; and it gets into the mortality records, for the most part, when the primary cause of death is really heart disease or chronic nephritis, or both, although neither is mentioned on the death certificate.

Lowest Alcoholism Death Rate in Many Years

The second full year since the repeal of national prohibition was marked by a 13 percent decline in deaths from alcoholism among insured wage-earners. The 1935 death rate, two per 100,000, is the lowest for any year since 1921.

Appendicitis

The appendicitis death rate, 11.4 per 100,000, dropped 13 percent in 1935 after showing very little variation over a long period of years. The mortality rate for this disease runs higher in the United States and Canada than anywhere else in the civilized world; and in these two countries there are geographic belts of high mortality made up largely of relatively sparsely populated States and Provinces with limited hospital facilities.

Heart Disease

A year ago we referred to the very slight rise observed in the crude

METROPOLITAN LIFE INSURANCE COMPANY

Crude Death Rates per 100,000 for Principal Causes. All Ages.

WEEKLY PREMIUM-PAYING BUSINESS IN INDUSTRIAL DEPARTMENT.
1911 AND 1925 TO 1935.

CAUSES OF DEATH	1935*	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1911†
ALL CAUSES OF DEATH	837.4	854.1	860.0	856.9	877.1	873.5	934.2	916.6	887.9	945.6	907.5	1253.0
Typhoid fever	1.1	1.5	1.6	1.7	2.4	2.4	2.4	2.7	4.6	4.2	4.6	22.8
Communicable diseases of childhood	9.9	11.1	9.0	11.4	14.5	15.6	20.2	23.3	24.2	32.9	25.1	58.9
Measles	2.5	2.7	1.5	1.7	3.2	2.9	3.0	5.2	4.1	10.2	3.3	11.4
Scarlet fever	2.6	2.6	2.6	2.8	3.2	2.5	2.7	2.7	3.1	3.4	3.5	13.1
Whooping cough	2.6	3.7	2.3	3.0	3.6	4.3	5.7	5.7	6.4	9.6	7.7	7.1
Diphtheria	2.2	2.1	2.6	3.9	4.5	5.9	8.8	9.7	10.6	9.7	10.6	27.3
Influenza and pneumonia	80.7	76.4	82.8	84.5	94.8	90.5	130.5	114.1	95.5	129.3	108.5	131.1
Influenza	14.6	11.4	20.3	19.1	21.1	14.8	41.9	24.8	17.8	31.1	22.0	15.9
Pneumonia	66.1	65.0	62.5	65.4	73.7	75.7	88.6	89.3	77.7	98.2	86.5	115.2
Poliomyelitis	.8	.5	.6	1.1	2.7	1.1	.7	1.3	2.1	.8	1.5	1.6
Tuberculosis—all forms	55.6	59.4	64.7	69.8	76.2	80.9	86.9	90.1	93.6	99.0	98.1	224.6
Tuberculosis of respiratory system	49.6	52.2	57.8	61.8	67.2	70.4	76.7	78.8	81.9	86.7	85.9	203.0
Syphilis, locomotor ataxia and general paralysis of the insane	11.4	12.3	11.4	11.9	11.6	11.4	12.6	12.7	13.2	13.6	13.5	11.0
Cancer—all forms	95.5	96.1	94.6	91.1	84.1	78.2	77.6	75.7	74.3	73.7	70.5	68.0
Diabetes mellitus	24.2	24.4	24.1	23.0	21.1	18.4	18.3	17.6	16.8	16.7	15.2	13.3
Alcoholism	2.0	2.3	2.2	2.4	2.9	3.1	3.4	3.3	3.4	3.7	2.9	4.0
Cerebral hemorrhage, apoplexy‡	61.2	63.2	63.8	62.1	60.4	60.4	58.0	56.7	55.1	55.6	53.6	64.2
Diseases of heart§	157.4	162.9	161.5	155.5	147.9	144.9	146.8	142.2	132.5	134.3	126.6	141.8
Diarrhea and enteritis	8.1	11.1	10.6	11.2	15.7	20.4	20.8	24.0	24.6	29.8	36.7	27.9
(under 2 years)	5.8	8.1	7.5	8.1	12.2	15.5	16.2	19.5	20.1	25.1	31.0	13.0
Appendicitis	11.4	13.1	13.2	13.2	14.1	14.1	14.0	13.4	13.8	13.1	13.5	10.9
Chronic nephritis (Bright's disease)	59.9	64.9	67.1	68.7	67.0	68.1	69.4	70.5	69.5	73.5	69.8	95.0
Puerperal state—total	8.7	8.8	9.4	10.5	11.7	12.1	13.6	13.9	15.5	15.3	16.5	19.8
Total external causes	69.5	73.2	71.9	71.5	77.6	79.0	80.3	77.6	79.5	77.0	78.4	97.9
Suicides	9.1	9.5	10.0	10.6	10.0	9.8	8.5	8.3	8.3	7.7	6.9	13.3
Homicides	5.9	5.9	6.3	6.1	7.0	6.7	6.6	6.7	7.3	7.0	7.2	7.2
Accidents—total	54.5	57.8	55.6	54.8	60.6	62.5	65.2	62.6	63.9	62.3	64.3	77.4
Accidental burns	3.2	3.6	3.3	3.7	3.8	4.6	5.0	5.4	5.3	6.2	6.2	8.8
Accidental drowning	4.9	5.3	6.1	5.9	6.4	6.2	6.4	7.0	6.7	6.2	6.4	10.2
Accidental traumatism by fall	11.4	11.1	10.6	10.1	10.0	9.6	9.0	8.0	8.5	7.8	8.0	13.2
Accidental traumatism by machines	.8	.8	.8	.8	1.0	1.2	1.6	1.2	1.3	1.4	1.3	1.8
Railroad accidents	2.6	2.6	2.8	2.7	2.7	3.0	3.9	3.8	4.0	4.1	3.9	9.5
Automobile accidents	20.3	21.1	19.8	18.9	22.0	20.9	21.0	18.4	18.4	16.8	16.6	2.3
All other accidents	11.3	13.3	12.2	12.7	14.7	17.0	18.3	18.8	19.7	19.8	21.9	31.6
Other diseases and conditions	180.0	172.9	171.5	167.3	172.4	172.9	178.7	177.5	169.7	173.1	172.5	260.2

*All 1935 death rates subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Ages 1 and over only.

‡Rates for 1930 to 1935 not strictly comparable with those for other years, due to changes in classification procedure.

§Excluding pericarditis, acute endocarditis, acute myocarditis, and angina pectoris.

death rate for heart disease during 1934, as compared with the much larger increases recorded in preceding years. This slowing-up in the year-to-year rise was followed in 1935 by the sizable drop of 3.4 percent in the crude death rate.

It has been demonstrated that the upward trend of the heart disease death rate has been confined to the senescent or arteriosclerotic type of the disease, mostly chronic myocarditis, and that deaths from chronic endocarditis (which is superinduced chiefly by infectious disease) have been declining.

Fewer Suicides

The suicide death rate of these millions of insured wage-earners dropped to 9.1 per 100,000 in 1935, that is, to the lowest figure since 1929. The figure for 1935 marks a drop of more than 14 percent since 1932, when the peak rate for suicide in 20 years was recorded. The downward trend began in 1933, when the improvement in economic conditions set in.

Fewer Automobile Fatalities

While preliminary estimates indicate that the number of automobile fatalities in the general population of the United States in 1935 did not differ essentially from that recorded for 1934, there was, nevertheless, a drop of 3.8 percent in automobile fatalities among Metropolitan Industrial policyholders. As these insured persons live almost entirely in the cities, the decline in fatal automobile accidents among them is a good indication that such increase as there may have been in the United States last year occurred in the rural districts. The facts for the policyholders are supplemented by a statement issued by the Bureau of the Census which showed that, up to December 21st, there were 291 fewer automobile fatalities in a group of 86 large cities than in the corresponding period of the preceding year.

The table on page 7 displays the death rates for selected causes of death at *all ages combined*. In all previous years the corresponding table, published every January, was calculated on the basis of deaths at *ages one and over*. It is obvious, therefore, that the rates shown on page 7 for 1925 to 1935, for the few diseases which have a high mortality in infancy must differ materially from those previously published. The figures for all the other diseases differ only slightly from those shown in prior January Bulletins.

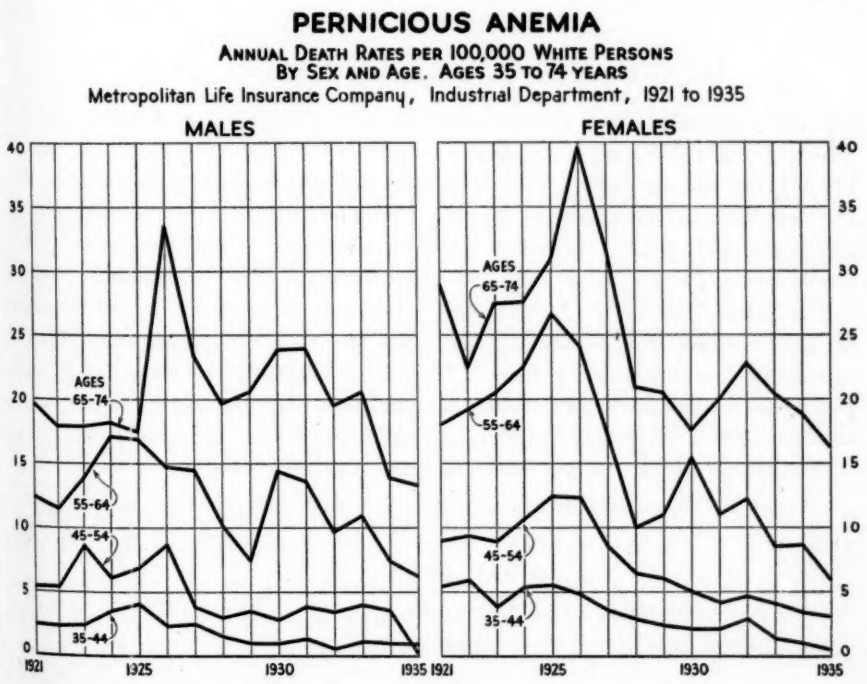
1935 Registered No New Maximum Death Rates

In one respect the 1935 mortality record of these insured wage-earners is unique, namely, that not one of the individual causes of death listed in the table on page 7 registered a new maximum death rate. Heretofore cancer, heart disease, diabetes, automobile fatalities, or some one or other cause of death invariably would record a new high, but each of these last year registered a decline from its previous high.

The Mortality from Pernicious Anemia Since 1926

WE CAN now say with considerable certainty that the use of liver based on the work of Drs. G. H. Whipple, G. R. Minot, and W. P. Murphy in 1926 in the treatment of pernicious anemia, has resulted in definitely checking the mortality from this disease. In June 1930, in this same BULLETIN, we showed that a substantial reduction of the mortality from this disease had been made among white Industrial policyholders of the Metropolitan Life Insurance Company during the three years following the introduction of the treatment. The period was so short, however, that we hesitated to say whether the figures represented permanent gains or only temporary postponement of death. The results of six more years of experience with the liver therapy add greatly to the certainty of the conclusion we previously reached. The accompanying chart shows graphically the basis for our optimistic conclusion nearly six years ago.

It will be noted that, except for a few minor fluctuations, the trend of the death rate among these policyholders has been progressively downward since 1926. The death rate today is less than 40 percent of what it was 10 years ago. At that time the mortality among persons 65 to 74 years of age had reached a peak of 33.6 per 100,000 among males and 39.7 among females; to-



day the same groups register rates of only 13.3 and 16.2, respectively.

Particularly gratifying have been the gains made among women. These have ranged from 59 percent among women 65 to 74, to 90 percent among those 35 to 44 years of age. Among men the reduction has been remarkably uniform throughout the life span, being approximately 60 percent for each of the age periods studied.

Older women, those over 55 years of age, have been the first to benefit from the new treatment. Prior to 1928 the death rate among women was appreciably higher at all age periods than it was among men. By that year, however, the mortality of women over 55 years of age had dropped to approximately that registered among men of these late ages. It was not until 1933 that the death rate from pernicious anemia among younger females was reduced to the level prevailing among males of similar age. At the present time the death rates of both males and females are essentially the same for each age period above 35.

Possibly the improvements instituted in the liver therapy since 1932 have contributed their share toward the accelerated decline in the mortality from pernicious anemia during recent years. The new treatment, intramuscular injection of liver extract solution, has helped to maintain patients who were in relapse or suffering from complications, in a better state of health than was possible during the period when the treatment was solely by mouth.

Health Record for December 1935

THE December 1935 death rate (8.1 per 1,000) was well below the average for the closing month of the year, although it marked a slight rise over the figure recorded for December 1934.

The death rate in the large cities of the United States during the month of December 1935 was 12.3 per 1,000 estimated population, as against 11.0 in November, and 12.2 in December 1934. More cases of influenza, measles and scarlet fever were reported during December than in November, but there was lower incidence of diphtheria, poliomyelitis, smallpox, and typhoid fever. As compared with December 1934, the more important communicable diseases which increased in incidence were poliomyelitis, scarlet fever, and smallpox, but there were fewer cases of diphtheria, influenza, measles, and typhoid fever.

The following table shows the mortality among Industrial policyholders for December 1935, November 1935, and December 1934, together with the death rates for the years 1935 and 1934.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF DECEMBER 1935, NOVEMBER 1935, AND DECEMBER 1934.

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	December 1935	November 1935	December 1934	Year 1935	Year 1934
TOTAL—ALL CAUSES	811.5	776.3	796.7	837.4	854.1
Typhoid fever	1.0	1.4	1.2	1.1	1.5
Measles	.9	.2	.7	2.5	2.7
Scarlet fever	1.6	1.8	2.6	2.6	2.6
Whooping cough	1.7	1.6	3.5	2.6	3.7
Diphtheria	3.2	3.6	3.4	2.2	2.1
Influenza	12.3	6.8	13.1	14.6	11.4
Tuberculosis (all forms)	50.0	45.6	48.5	55.6	59.4
Tuberculosis of respiratory system	45.3	40.3	43.8	49.6	52.2
Syphilis, locomotor ataxia, and general paralysis of the insane	10.4	10.5	11.3	11.4	12.3
Cancer (all forms)	89.1	90.4	88.9	95.5	96.1
Diabetes mellitus	23.8	21.0	24.1	24.2	24.4
Cerebral hemorrhage; apoplexy	61.6	60.8	63.9	61.2	63.2
Diseases of heart†	153.6	144.8	149.9	157.4	162.9
Diseases of the coronary arteries and angina pectoris	33.8	31.9	31.2	31.9	28.8
Pneumonia (all forms)	68.0	52.7	63.5	66.1	65.0
Diarrhea and enteritis	5.4	7.8	5.3	8.1	11.1
Appendicitis	10.0	7.8	10.7	11.4	13.1
Chronic nephritis (Bright's disease)	56.4	53.3	54.9	59.9	64.9
Puerperal state—Total	7.3	6.6	7.4	8.7	8.8
Suicides	7.1	6.2	8.7	9.1	9.5
Homicides	5.9	4.9	6.1	5.9	5.9
Accidents—Total	52.7	52.1	55.1	54.5	57.8
Automobile accidents	22.0	23.5	23.1	20.3	21.1
All other diseases and conditions	155.6	164.5	142.7	150.8	146.8

*The rates for 1935 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, and acute myocarditis.

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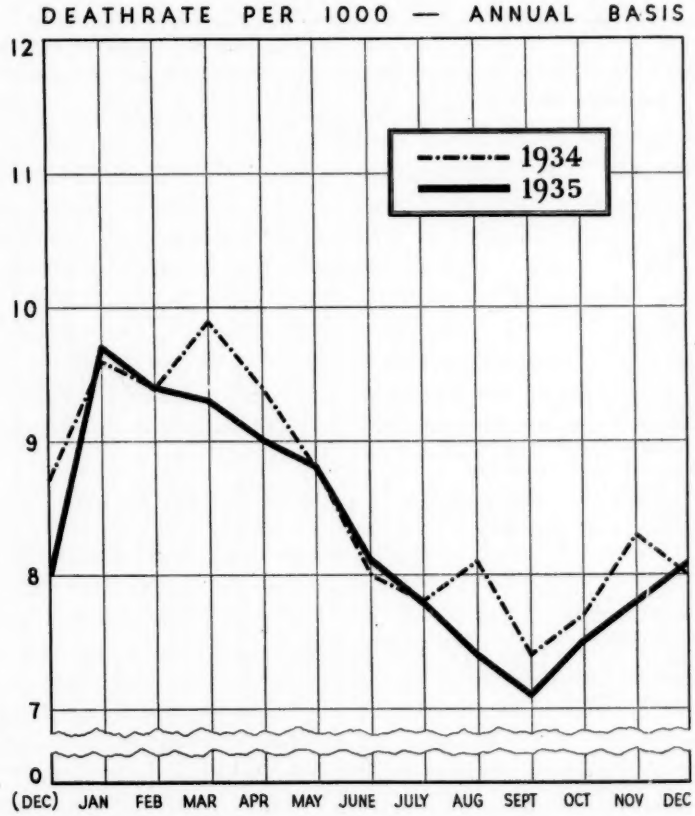
DEATHRATES FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE CO – INDUSTRIAL DEPT.
WEEKLY PREMIUM PAYING BUSINESS — TOTAL PERSONS



1934	9.6	9.4	9.9	9.4	8.8	8.0	7.8	8.1	7.4	7.7	8.3	8.0
1935*	9.7	9.4	9.3	9.0	8.8	8.1	7.8	7.4	7.1	7.5	7.8	8.1

** Rates for 1935 are provisional*

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